



2025-2026

BENEFITS GUIDE

Plan Year: October 1, 2025 – September 30, 2026

Information Provided by:



This Benefits Guide is designed to provide select information about the benefit plans and programs offered by City of Wildwood from October 1, 2025 – September 30, 2026. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. **This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail. The SPD is available from your Human Resource representative.**

If you are electing dental, vision, basic life and/or voluntary life coverage for the first time, you are required to be 'Actively at Work' on a full-time basis on the day that the coverage begins. 'Actively at Work' is defined as, you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation.



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City of Wildwood strives to provide you with a comprehensive employee benefits program as part of your overall compensation package.

We put this guide together to help you understand your benefits and to help you get the most out of them. We encourage you to review it thoroughly so you can identify which offerings are best for you and your family.

If you have questions about your benefits, reach out to Human Resources or use the contact information included in this guide to get the answers you need.

CONTACT INFORMATION

Contact **Acrisure** if you have questions about the plans prior to enrolling or if you have issues with claims once enrolled.

Carrier / Vendor	Phone / Email	Website
Acrisure	800-845-8437 Ext 118 Customer Service Specialist - Sara Lafayette SLafayette@Acrisure.com	www.Acrisure/southeast.com
Employee Navigator Online Enrollment System	800-845-8437 Ext 118 SLafayette@Acrisure.com	www.employeenavigator.com Company Identifier: City_Wildwood
Florida Blue	Medical: 800-352-2583	www.floridablue.com
Teladoc	800-835-2362	www.Teladoc.com
HealthEquity	Health Savings Account: 866-346-5800	www.healthequity.com
Mutual of Omaha	Dental: 1-800-927-9197 Vision 1-833-279-4358 Long Term Disability: 1-800-877-5176	www.mutualofomaha.com
USAbile	Short Term Disability and Voluntary Life/AD&D Email: claims@usablelife.com Mail: P.O. Box 1650, Little Rock, AR 72203-1650 Fax: (501) 235-8416	https://www.usablelife.com/claims/disability-claims-guide/ .
Mutual of Omaha - Employee Assistance Program (EAP)	800-316-2796	Mutual of Omaha/EAP
Flexible Spending Account	Medcom 800-523-7542, Option 1	https://medcom.wealthcareportal.com Mobile App: MedCom WealthCare Mobile

MAKING YOUR SELECTIONS

There are limited opportunities to enroll and/or make changes to your benefit elections. Make your selections carefully! The choices you make now will be effective through the end of the plan year, as long as you remain eligible.



When you're first hired	At Open Enrollment	If you have a life event
The benefits you elect begin on the first day of the month following 30 days of employment. You will be required to make your elections using the Employee Navigator online enrollment system by the due date specified by Human Resources, even if you don't want to enroll. Refer to page 6 of this guide for instructions on accessing Employee Navigator. You should also receive an email from Employee Navigator. Check your junk mail folder if you don't see it.	Open Enrollment is your annual opportunity to make changes to your elections. Benefits selected during Open Enrollment are effective October 1, 2025, unless Evidence of Insurability (EOI) is required for the coverage. You will be required to make your Open Enrollment elections using the Employee Navigator online enrollment system (<u>even if you do not wish to enroll or make any changes</u>). Refer to page 6 of this guide for instructions on accessing Employee Navigator. You should also receive an email from Employee Navigator. Check your junk mail folder if you don't see it.	Some life events allow you to change your coverage during the year. If you experience a life event, you have 30 days from the date of the event to request changes and provide any required documentation. Some common life events are: • Birth or adoption • Marriage or Divorce • Change in employment status or change in coverage under another employer-sponsored plan • Loss or gain of eligibility under Medicare or Medicaid Log in to Employee Navigator to submit your change request following a life event. These requests are subject to verification and approval.

ONLINE ENROLLMENT



To get started, scan the QR code or go to <https://acrisureCFL.employeenavigator.com/>

It is very important that you make your elections in Employee Navigator by the due date, even if you don't want to enroll. You can access this secure site from any internet connection, including most mobile web browsers 24 hours a day, 7 days a week. Navigator runs best on Google Chrome.

NEW USERS: How to Register

Click 'Register as a New User'

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

Enter your personal information and **Company Identifier City_Wildwood**, then click Next

Verify Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)
City_Wildwood

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

Next »

Important: Make note of your Username and Password, you'll need it again in the future.

RETURNING USERS: How to Log in

Enter your Username and Password **OR** click 'Reset Forgotten password'.

Tip: The email you received from Employee Navigator may include your Username.

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

IMPORTANT: Add your dependents **BEFORE** making your benefit elections. If they are not in the system, you won't see coverage options for them.

ALL USERS: Once logged in

Once logged in, Employee Navigator will guide you through the entire process!

The actions required will vary for new and returning users.

Welcome to Your Benefit Management Portal!

A few of the online services which are available to you include:

- 24/7 access to detailed information about our employee benefits program
- Benefits managing including open enrollment and life events
- HR document library, and more.

Let's get started.

Continue

1/2

Let's Start With a Few Things HR Needs

Your HR department has required tasks that must be completed before you can begin.

- 1 Onboarding
- 2 New Hire Enrollment

You can leave anytime and we'll remember where you left off. I'll be sure to come back and complete the items listed below.

Let's Begin

2/2

Let's Move To The Next Section

You're almost finished! Here's what you have left.

Onboarding

1 New Hire Enrollment

The deadline for your benefit enrollment is [date]. You can skip this for now, but don't miss the deadline.

Skip enrollment, for now

Begin Enrollment

Let's Begin Your New Hire Enrollment

You will:

1. Verify and enter some personal information for you and your dependents
2. Enter Social Security Numbers and dates of birth for eligible family members
3. Select your benefits

Enrollments will be due by [date].

Get Started

Welcome back,

You're almost finished! Here's what you have left.

- 1 Open Enrollment

Skip enrollment, for now

Begin Enrollment

ONLINE ENROLLMENT

To Enroll or Decline Each Benefit:

- Under 'Who am I enrolling?' check each family member to be enrolled.
- Click 'Select' next to the plan of your choice OR drag the slider bar to your desired amount of coverage.
- Review the information under 'My Selections' and 'Helpful Resources' for additional information.
- Click 'Save and Continue' to enroll OR click 'Don't want this benefit' to decline.
 - When declining, you will be asked to select a reason.
- Repeat this process for every available plan.

IMPORTANT: If Employee Navigator displays a message indicating **Evidence of Insurability** is required, you'll need to download the form, complete it in full, and return it to Human Resources for it to be submitted to the carrier. You may also have the option to complete this online; just follow the prompts.

A Beneficiary is required for Life Insurance. You may name more than one if desired. You only need the information highlighted here to name your beneficiary; the remaining fields are optional. The 'Allocation %' is used to indicate the percentage each beneficiary will receive and must equal 100%.

The final step is to 'Click to sign' electronically. From this Enrollment Summary page, you can scroll down to review your elections and total cost per pay period. If you missed any required steps, they will be highlighted. To complete them, or if you need to make changes, click the step you want to return to and repeat the process. When all steps are complete and you are satisfied with your election, 'Click to sign.'

DOCUMENT LIBRARY

Be sure to review the documents posted in the Employee Navigator Document Library!

The **Employee Navigator Document Library** houses a variety of important notices for your review. Following is a brief explanation of the significance of some of the documents you'll find there.

Benefits Guide (this document)	Provides a summary of the available plans and their cost to you, if any. The Important Notices section includes information regarding your rights under HIPAA, when you can change your elections, the Privacy Notice, and more.
Marketplace Exchange Notice	Provides information about the coverage options that may be available to you or your family through the Marketplace Exchange, also known as Obamacare.
Children's Health Insurance Premium (CHIP) Notice	Provides information about your possible right to receive financial assistance through Medicaid and the Children's Health Insurance Program (CHIP) to pay for premiums for health coverage for your children if such assistance is currently available in the state in which you reside.
Medicare Part D Notice(s)	Specifies whether the medical plan(s) we offer provide prescription drug coverage that is at least as good (that is "Creditable") or is not as good (that is "Non-Creditable"), as the prescription drug coverage under a Medicare Part D plan. It also provides information regarding when you can join a Medicare Part D plans and more. Individuals that go 63 days or longer without Creditable prescription drug coverage may pay a higher premium (a penalty) for Medicare Part D coverage if they enroll later. The Medicare Part D Notice provides additional details on this penalty.
Summaries of Benefits & Coverage (SBCs)	Intended to help you easily understand and compare medical plan coverage to assist you in determining which plan is the best option for you and your family.
Surprise Billing Notice	Provides information on your rights and protections against surprise medical bills when you get emergency care or when you are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center.
Certificates of Coverage	These are the legal documents issued by the insurance carrier for each plan. They describe how the plan pays benefits, what services are covered under the plans, your responsibilities under the plan, and more. In the event of a discrepancy, the Certificates of Coverage will prevail.
Premium Conversion Plan Summary Plan Description (Pre-Tax Plan)	A Premium Conversion Plan allows for pre-tax payroll deductions of the premium on some plans, saving you money on income taxes. This document outlines the provisions of the pre-tax plan, identified which plans are eligible for pre-tax premium, and defines when you can make changes to your elections.

ONLINE ENROLLMENT



Tips and Tricks!

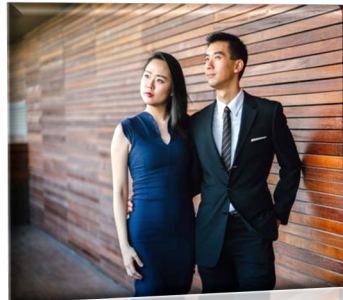
- **Para Español:** Inicie sesión, haga clic en su nombre en la esquina superior derecha y, a continuación, haga clic en Español.
- ***If enrolling from your smart phone, Navigator runs best on Google Chrome.***
- You must complete every step. If you don't, any selections you did make may not be accepted.
- If you don't want to enroll in a plan, click 'Don't want this benefit' in that step and select a reason from the list that pops up.
- The final step is to complete the electronic signature. Once you have e-signed, the daily email reminders will stop, and your elections will be submitted. You can still make changes until your enrollment window closes.
- Check out the Document Library! You will find more information on each of the plans there, along with a variety of required notices.

I don't want to enroll. Do I have to do this?	Yes! All employees must complete the process, even if you don't want to enroll or aren't making any changes. Don't worry, it's easy!
I get an error when I try to register that says it can't locate my records.	• Make sure you are entering the Company Identifier exactly as shown on page 6. • Your SSN or Birth Date may be incorrect in the system, or your name may be in the system differently than you are typing. • Contact Human Resources or Acrisure at the number on the Contacts page of this guide for assistance.
What is my Username?	• New users will create a Username when registering. • Open Enrollment announcement emails may include your Username if you are already registered. • Human Resources or Acrisure can look up your Username if it was not in the email you received.
I forgot my password.	Click the 'Reset Forgotten Password' link on the Login screen. You will then receive an email with a link to create a new password.
Do I have to enter my spouse or kids' Social Security Numbers?	Yes. When dependents are entered in Navigator you must include their SSNs. If you don't plan to enroll your spouse or child(ren) in ANY plans you don't have to add them in the system but if you don't, you will not see options for covering them. If they are already in the system, you will have to add their SSN to move forward.
How do I delete a dependent?	You can't delete a dependent. If you don't want to cover them, you can decline coverage for them under each plan. If they are no longer your dependent, you can change their relationship. For example, you can change a former spouse to 'Ex-Spouse' or a former Step-Child to 'Former Dependent'.
I need help with this!	For assistance accessing Navigator or for assistance with plans, call Sara Yockey at Acrisure; 800-845-8437, Ext 118. You may also reach out to Human Resources.

ELIGIBILITY

The information below outlines who may participate in the plans:

Employee Coverage	You are eligible to participate in the employee benefits program if you normally work a minimum of 30 hours each week.
Spouse	If you enroll, you may also enroll your current legal spouse in the same plans you select for yourself.
Dependent Child Coverage	If you enroll, you may also enroll your qualified dependent children in the same plans you select for yourself. The dependent age limits vary by plan as follows: <u>Medical</u>: Coverage may continue until the end of the calendar year in which the child reaches age 30. <u>Dental and Vision plans</u>: Coverage may continue until the end of the calendar year in which the child reaches age 26; or age 30 if a full-time student. <u>Voluntary Life plan</u>: Coverage may continue under the voluntary life plan until the child's 26 birthday. <u>Supplemental Insurance Plans</u>: Coverage may be elected for your dependent children under the supplemental plans until their 26th birthday. A dependent child may remain covered beyond the limiting ages listed above if the child is incapable of self-sustaining employment by reason of mental or physical handicap. Their status must be updated in Employee Navigator and approval must be obtained from the insurance carriers prior to reaching the limiting ages listed above.



MEDICAL INSURANCE

A Note about Florida Blue's Provider Networks

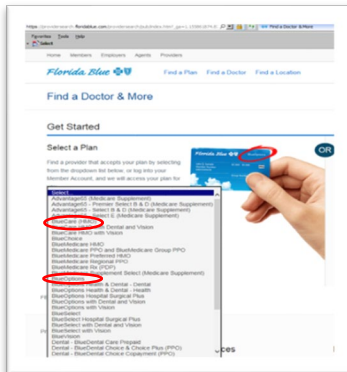
Verify that your provider and pharmacy is In-Network BEFORE your visit. The **BlueCare HMO** plans only provides coverage if your provider is in the **BlueCare HMO Network**. The **BlueOptions** plans include coverage for providers both in and out of network, but you will pay significantly more for care received from a provider that is not in the **BlueOptions Network**.

To find an In-Network Provider or Register as a Member

- Go to www.FloridaBlue.com
- Click 'Find a Doctor' at the top of the screen
- Choose 'Find a Doctor or Dentist' then 'Find Doctors by Plan'
- Select either 'BlueCare (HMO)' or 'BlueOptions' depending on which of the plans you are selecting.
- Follow the prompts.



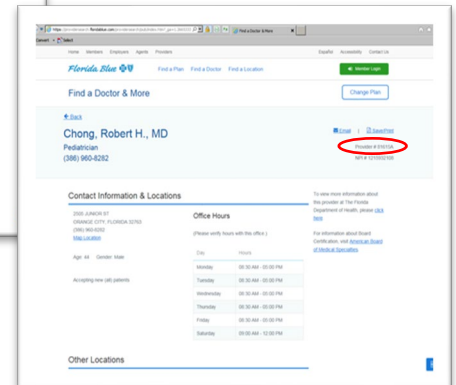
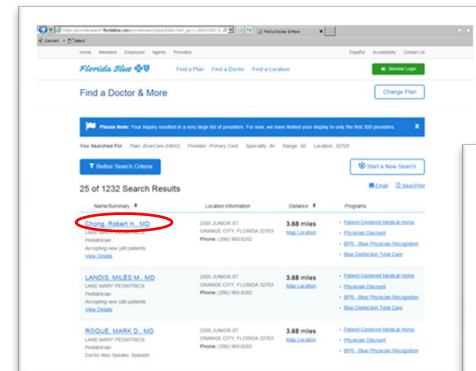
Tip: When looking for specific providers, less data often returns better results. Start with the location and type of provider. When searching by name, enter only the first few letters of the provider's last name.



- To Register as a Member:** click the Login button in the upper right corner of Florida Blue home page and follow the prompts.

IMPORTANT: If you are enrolling in a BlueCare HMO plan for the first time you will need to select a Primary Care Physician (PCP) and submit the Provider # when you enroll. To locate the Provider #:

- Locate the provider in the online provider directory by following the instructions to the left.
- Click on the provider's name and look in the upper right corner for the Provider #.



MEDICAL INSURANCE



You may choose from four medical plans through Florida Blue. When selecting your medical plan, consider:

- The premium you'll pay (your payroll deduction)
- What you'll pay when accessing care (copays, deductible, coinsurance)
- What medications are covered
- Which providers are In-Network

SOME INSURANCE TERMS

Copay – a fixed amount you pay when seeking care for certain services.

Deductible – the amount you pay for certain health care services in a calendar year before the plan begins paying any portion of those services.

Coinsurance – the percentage you pay for certain services after meeting your deductible and before you meet your Out-of-Pocket Maximum.

Out of Pocket Maximum – the most you will pay in a calendar year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out-of-Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that calendar year.

Balance Billing – the amount you are billed by out-of-network providers to make up the difference between the amount they charge and what the insurance reimburses. This amount is in addition to and does not count toward your Out-of-Pocket Maximum.

	BlueCare HSA 130/131 (HSA compatible)	BlueCare HMO 47 and Blue Care HMO 78	BlueOptions Plan 03900	BlueOptions Plan 05772
What Provider Network do I use?	BlueCare HMO Network	BlueCare HMO Network	BlueOptions Network	BlueOptions Network
Do I need to choose a Primary Care Physician (PCP)?	Yes. If you do not choose a PCP, Florida Blue will assign one.	Yes. If you do not choose a PCP, Florida Blue will assign one.	No	No
Do I need a referral to see a Specialist?	No	No	No	No
How do I know what tier my medication falls in?	Download a copy of the Open Medication Guide for Employer Large-Group plans at www.floridablue.com . *BlueCare 78 Download a copy of the Generic Choices Medication Guide www.floridablue.com			
Will I get an ID Card?	Yes, Florida Blue will mail your ID card to the address you provide in Employee Navigator. New ID cards are not issued at open enrollment unless you change plans.			
Can I go Out-of-Network?	No. Care provided by an out-of-network provider is not covered, except a medical emergency.	No. Care provided by an out-of-network provider is not covered, except a medical emergency.	Yes. However, you will pay a higher cost share when using a provider that is not in the network.	Yes. However, you will pay a higher cost share when using a provider that is not in the network.

MEDICAL INSURANCE

	BlueCare HSA 130/131 (HSA compatible)	BlueCare HMO 47
In-Network Coverage		
Deductible	130: \$1,650 Individual 131: \$3,300 Individual \$3,300 Family	\$1,500 Individual \$4,500 Family
Coinsurance	20% after Deductible	20% after Deductible
Out of Pocket Maximum	130: \$4,950 Individual 131: \$7,800 Individual \$9,900 Family	\$4,500 Individual \$9,000 Family
Office Visit	Preventive Care: No Charge Primary Physician: Deductible + 20% Specialist: Deductible + 20% Virtual Visits (TelaDoc): No Charge	Preventive Care: No Charge Primary Physician: \$30 Copay Specialist: \$55 Copay Virtual Visits (TelaDoc): No Charge
Diagnostic Testing at an Independent Facility	Bloodwork: Deductible + 20% X-ray: Deductible + 20% MRI / CT / PET: Deductible + 20%	Bloodwork: No Charge X-ray: \$50 Copay MRI / CT / PET: \$250 Copay
Urgent Care Center	Deductible + 20%	\$60 Copay
Emergency Room	Facility: Deductible + 20% Physician Services: Deductible + 20%	Facility: \$250 Copay Physician Services: Deductible + 20%
Inpatient Hospitalization	Facility: Deductible + 20%	Facility: Deductible + 20%
Outpatient Hospital Services	Facility: Deductible + 20%	Facility: Deductible + 20%
Pharmacy Coverage Retail: 30-day supply Mail Order: 90-day supply Tier 1 / Tier 2 / Tier 3	Tier 1 Retail: Deductible, then \$10 Copay Tier 2 Retail: Deductible, then \$50 Copay Tier 3 Retail: Deductible, then \$80 Copay Mail Order: Deductible, then \$25 / \$125 / \$200	Tier 1 Retail: \$10 Copay Tier 2 Retail: \$30 Copay Tier 3 Retail: \$50 Copay Mail Order: \$25 / \$75 / \$125
Out-of-Network Coverage		
Deductible	NO COVERAGE , Except Emergency Room	NO COVERAGE , Except Emergency Room
Semi-Monthly Payroll Deductions	Employee Only\$ 0.00 Employee & Spouse\$381.65 Employee & Child(ren)\$298.16 Employee & Family\$655.97	Employee Only\$ 0.00 Employee & Spouse\$456.36 Employee & Child(ren)\$356.53 Employee & Family\$784.37

MEDICAL INSURANCE

	Blue Care HMO 78
	In Network ONLY Coverage
Deductible	\$500 Individual \$500 Family Per Person
Coinsurance	50% after Deductible
Out of Pocket Maximum	\$8,750 Individual \$17,400 Family
Office Visit	Preventive Care: No Charge Primary Physician: \$35 Copay Specialist: \$85 Copay Virtual Visits (TelaDoc): No Charge
Diagnostic Testing at an Independent Facility	Bloodwork: No Charge X-ray: \$85 Copay MRI / CT / PET: Deductible + 50%
Urgent Care Center	Deductible + 50%
Emergency Room	Facility: Deductible + 50% Physician Services: Deductible + 50%
Inpatient Hospitalization	Facility: Deductible + 50% Physician Services: Deductible + 50%
Outpatient Hospital Services	Facility: Deductible + 50% Physician Services: Deductible + 50%
Pharmacy Coverage <u>GENERIC CHOICES ONLY</u> Retail: 30-day supply Mail Order: 90-day supply Tier 1 / Tier 2 / Tier 3	Generic Choices Medication Guide Tier 1 Retail: \$10 Copay Tier 2 Retail: 20% (Limited Brands) Tier 3 Retail: Not Covered Mail Order: \$25 / 20% / Not covered
Out-of-Network Coverage	NO COVERAGE
Deductible	NO COVERAGE , Except Emergency Room
Semi-Monthly Payroll Deductions	Employee & Spouse\$154.18 Employee & Child(ren)\$ 88.41 Employee & Family\$370.96

*Drug tiers

Your health plan includes a drug list (also known as a formulary), that places prescription drugs into two levels or tiers. Your cost share will depend on which tier your medicine is in. For your drug to be covered, it must be listed in the **Generic Choices Medication Guide** and filled through an in-network pharmacy.¹ You'll find more details, including a list of covered drugs, in the **Generic Choices Medication Guide** on [FloridaBlue.com](https://www.floridablue.com).

MEDICAL INSURANCE

	BlueOptions Plan 03900	BlueOptions Plan 05772
	In Network Coverage	In Network Coverage
Deductible	\$1,500 Individual No Family Limit	\$2,000 Individual \$6,000 Family
Coinsurance	50% after Deductible	20% after Deductible
Out of Pocket Maximum	\$6,350 Individual \$12,700 Family	\$5,500 Individual \$11,000 Family
Office Visit	Preventive Care: No Charge Primary Physician: \$35 Copay Specialist: \$50 Copay Virtual Visits (TelaDoc): No Charge	Preventive Care: No Charge Primary Physician: \$35 Copay Specialist: \$65 Copay Virtual Visits (TelaDoc): No Charge
Diagnostic Testing at an Independent Facility	Bloodwork: No Charge X-ray: Deductible + 50% MRI / CT / PET: \$200 Copay	Bloodwork: No Charge X-ray: \$50 Copay MRI / CT / PET: \$300 Copay
Urgent Care Center	Deductible + 50%	\$70 Copay
Emergency Room	Facility: Deductible + 50% Physician Services: Deductible + 50%	Facility: \$300 Copay Physician Services: Deductible + 20%
Inpatient Hospitalization	\$1,500 Copay – Option 1 Hospital \$2,500 Copay – Option 2 Hospital	\$100 per Admission Deductible + Deductible + 20%
Outpatient Hospital Services	\$300 Copay – Option 1 Hospital \$400 Copay – Option 2 Hospital	Deductible + 20%
Pharmacy Coverage Retail: 30-day supply Mail Order: 90-day supply Tier 1 / Tier 2 / Tier 3	Tier 1 Retail: \$10 Copay Tier 2 Retail: \$50 Copay Tier 3 Retail: \$80 Copay Mail Order: \$25 / \$125 / \$200	Tier 1 Retail: \$10 Copay Tier 2 Retail: \$30 Copay Tier 3 Retail: \$50 Copay Mail Order: \$25 / \$75 / \$125
Out-of-Network Coverage	Note: You also pay the balance over the allowed amount when using an Out-of-Network Provider	
Deductible	\$4,500 Individual No Family Limit	\$6,000 Individual \$18,000 Family
Coinsurance	50% after Deductible	50% after Deductible
Out of Pocket Maximum	\$20,000 Individual \$20,000 Family	\$11,000 Individual \$22,000 Family
Semi-Monthly Payroll Deductions	Employee Only\$ 3.27 Employee & Spouse\$459.83 Employee & Child(ren)\$359.96 Employee & Family\$787.99	Employee Only\$23.96 Employee & Spouse\$511.00 Employee & Child(ren)\$404.46 Employee & Family\$861.05

MEDICAL INSURANCE



You may earn rewards by participating in the **Better You Strides** program offered by Florida Blue!

When you enroll in a **Florida Blue** medical plan, you can access a variety of programs designed to help you get the most out of your health plan.

Register as a member at www.FloridaBlue.com after you receive your ID Card to learn more and to use these programs.

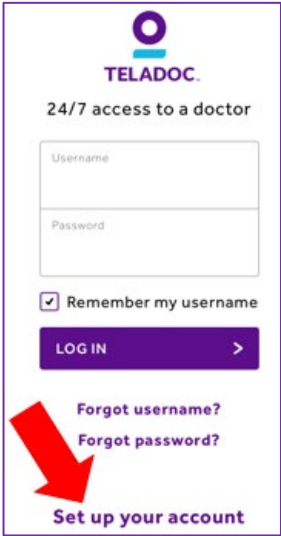
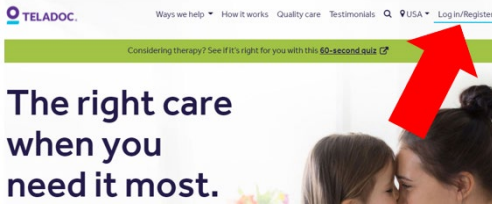
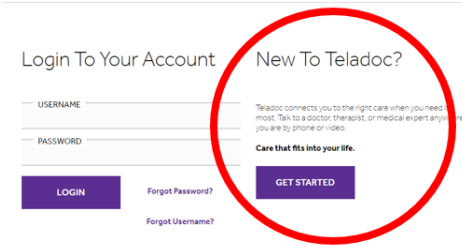
Value Choice Providers	Value Choice Providers offer high-quality care at a lower price with shorter wait times. Your cost share may be eliminated or reduced for some services simply by using a Value Choice Provider. When searching for providers at FloridaBlue.com look for 'Value Choice Providers' listed under Programs for each participating provider. Value Choice Providers are only available in select counties.
Member Portal and Mobile App	Register for the secure member portal at FloridaBlue.com upon receipt of your ID card to access the many programs available to you as a Florida Blue member. You can also download Florida Blue's mobile app, available in the Apple App Store or on Google Play to access the member portal on the go.
	Features available on the member portal and mobile app: • Access your Health plan ID card • Review current coverage information • Track, manage, and refill prescriptions • Research lower-cost pharmacy options • Find out how your claims were processed and paid • Access a registered nurse 24/7 • See how much of the Deductible and Out of Pocket Maximum has been met • Locate nearby participating doctors and facilities • Compare costs for medical services • Participate in the Better You Strides wellness program
Blue365 Discount Program	Blue365 give you access to great discounts that can be used all year long. Save up to 60% on fitness clubs, exercise equipment, contact lenses or glasses, nutrition and weight management programs and much more! Register for the secure member portal at FloridaBlue.com upon receipt of your ID card for complete details on the program.
Florida Blue Centers	Florida Blue Centers are the place to go for inspiration, motivation, and advice. At the centers you have access to wellness programs, fitness activities, nutrition advice, care consulting, and assistance with claims. You can also make an appointment for a Personal Health Assessment that includes screenings for cholesterol and blood glucose, blood pressure, height, weight, and BMI. Go to FloridaBlue.com to find a center near you.
Better You Strides	Better You Strides is an interactive wellness program personalized to focus on your needs and interests. Log on to the member portal or mobile app for more information.

TELADOC: VIRTUAL HEALTHCARE

The City of Wildwood provides a TelaDoc membership to all eligible employees through [Health eChoices](#). Your TelaDoc membership allows you to ‘visit’ a doctor virtually – by phone, mobile app, or online – 24 hours a day, 7 days a week for a **\$0 Copay**. Your spouse and dependent children can also utilize your membership, even if they are not enrolled in your medical plan.

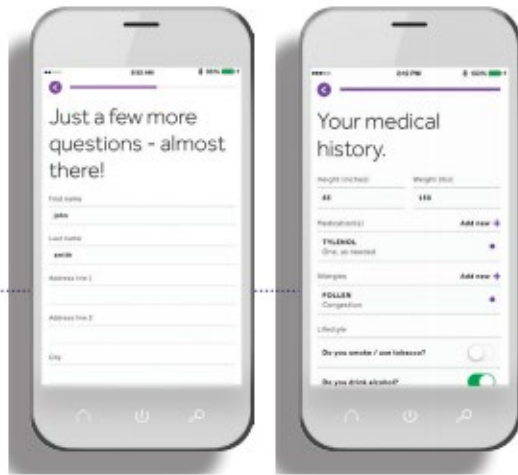
Step 1: Create your TelaDoc Account using one of these methods.

You will need to wait until your eligibility date (effective date) to register. The system will not find your available plan prior to your effective date.

Mobile App	Online	By phone
- Download the TelaDoc App from the App Store    - Click Set Up your account, enter your information to create your Username and Password.	- Go to www.TelaDoc.com and click Login/Register  The right care when you need it most. - Click Get Started, enter your information to create your Username and Password. 	- Call 1-800-TelaDoc (1-800-835-2362) - Follow the prompts to create your account. 

IMPORTANT: When creating your account (on or after your effective date), the system will find you and ask you to confirm your benefits. Enter [Health eChoices](#) as the entity offering you TelaDoc. This will allow your spouse and children to use your membership even if they are not enrolled in your medical plan.

MEDICAL INSURANCE: TELADOC



Step 2:

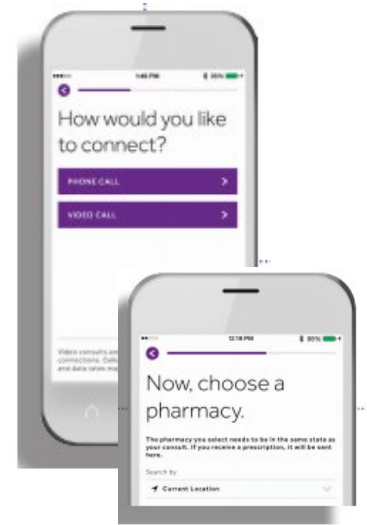
Complete your medical history.

You'll complete a medical history questionnaire, just like you would when visiting a new doctor's office for the first time.

Step 3:

Request a visit with a doctor.

Once your account is set up, you can request a visit anytime. Login to your account online, through the mobile app, or call to request a visit with a doctor.



TelaDoc doesn't replace your primary care physician, but it is an affordable option for quality care:

- When you need care now.
- If you are considering the Emergency Room or Urgent Care center for a non-emergency issue.
- On Vacation, on a business trip, or away from home.

TelaDoc physicians can treat you for common illnesses such as allergies, bronchitis, earache, pink eye, sinusitis, strep throat, upper respiratory infections, and more!
If a prescription is required, they will send it to the local pharmacy of your choice. Your prescription cost share under the Florida Blue medical plan applies.



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account, commonly referred to as an HSA, is a bank account that may be funded with tax-exempt dollars. The money in an HSA may be used to pay for unreimbursed medical expenses on a tax-free basis. You must meet the qualifications defined by the IRS in order to open or make contributions to an HSA.

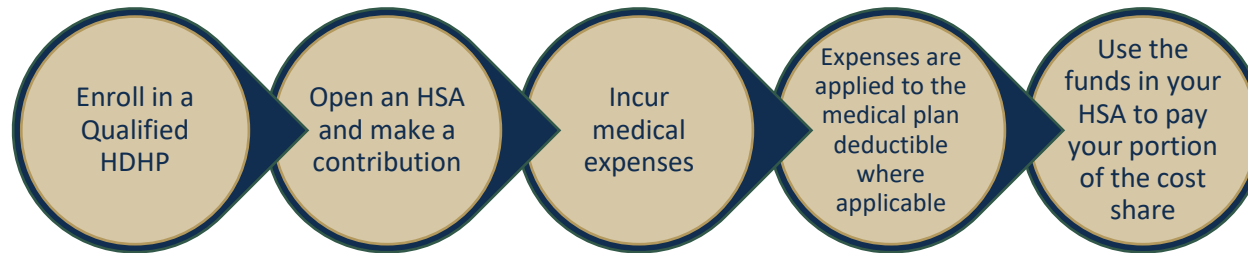
HSA Qualified Plans

Blue Care 130/131 are HSA Qualified High Deductible Health Plans. The other Florida Blue plans offered are NOT HSA qualified.

HSA Eligibility	In order to open or make contributions to an HSA, you must meet ALL of the following criteria: • Be enrolled in a Qualified High Deductible Health Plan (HDHP), and • Not be covered under another medical plan that is not a Qualified HDHP, and • Not be enrolled in Medicare or Medicaid, and • Not be eligible to be claimed on another person's tax return, and • Not be covered under an Unlimited Medical FSA or HRA (including through a spouse's employer). Enrollment in Dental, Vision, and most Supplemental Plans (accident, cancer, etc.) will not disqualify you from HSA eligibility.
Qualified High Deductible Health Plan (HDHP)	In order for a plan to be an HSA Qualified HDHP it must meet minimum deductible and maximum out-of-pocket limits established by the IRS. These limits are updated annually for inflation. In addition, a Qualified HDHP may not pay for any services, except preventive care, before the plan's deductible has been met. Plans that have copayments for office visits, prescriptions, or other services PRIOR to meeting the deductible are NOT Qualified HDHPs.
HSA Contributions	The IRS establishes the maximum amount that may be contributed to an HSA each calendar year based on your enrollment in a Qualified HDHP. This is the most that may be deposited into an HSA each year <u>from all sources</u>. • 2025 Contribution Limits: \$4,150 if you are enrolled with Individual coverage or \$8,300 if you are enrolled with family coverage • 2026 Contribution Limits: \$4,300 if you are enrolled with Individual coverage or \$8,550 if you are enrolled with family coverage • Catch Up Contributions: If you are at least age 55 and not enrolled in any part of Medicare you may contribute an additional \$1,000 to your HSA per calendar year as a catch-up contribution. As the HSA owner, you are responsible for tracking deposits from all sources to ensure your contributions stay within the IRS limits.
HSA Distributions	The money in your HSA may be used tax-free to pay for qualified medical expenses incurred after the date the HSA was opened by you, your spouse, and your tax-dependent children. Eligible expenses include charges applied to a medical plan deductible, coinsurance, and copayments as well as prescriptions, dental expenses, and vision expenses. A list of qualified expenses can be found in IRS Publication 502.
Tax Reporting	You will need to report that you have an HSA when you file your annual income tax return. You should keep receipts for all expenses paid from your HSA. Refer to IRS Publication 969 or talk to your tax advisor for more information. Acrisure does not provide tax advice.

HEALTH SAVINGS ACCOUNT (HSA)

How does an HSA work?



How do I open an HSA?	If you enroll in the BlueCare HSA Plan 130/131, HealthEquity will setup a health savings account on your behalf. If you do not meet the eligibility guidelines to have a HSA account, please contact Health Equity and they will close your account. To learn more about HealthEquity Health Savings account please visit: www.HealthEquity/learn (click on HSA). You can also contact their customer service department which is open 24/7 with any questions you may have about the Health Savings Account at 866-346-5800.
Employer HSA Contribution	The City of Wildwood will be making a \$1,400 contribution to your HSA if: • You are enrolled in the 130/131 Plan, and • You are HSA eligible as defined by the IRS. • This will be a prorated amount if you do not start on October 1st
How do I get money out of my HSA?	HealthEquity will issue you a debit card and/or a check book. You access funds like you would from any other checking account.
What happens to the money if I don't spend it?	It remains in your account until you decide to spend it at any time in the future, even if you are no longer HSA Eligible.
What happens if I change to a plan that is not HSA Qualified?	You can not put any more money in your HSA if you are no longer HSA Eligible but the money in the account will stay there until you decide to spend it. You can continue to spend it on qualified expenses tax-free even if you are no longer HSA Eligible.
What happens if my employment ends?	Your HSA goes with you. You can only continue to put money in it if you remain HSA eligible. If you are no longer HSA eligible you can't put more money in the HSA, but you can continue to spend what is already there on qualified medical expenses tax-free.
Can I use my HSA to pay for my family's expenses if they are not on my health plan?	Yes, as long as the expense is not reimbursed by another health plan, you may use your HSA to pay for qualified expenses incurred by you, your spouse, and your tax-dependent children, even if they are not covered on the qualified HDHP.
How much will I have to pay when I go to the doctor?	This will be determined at the time of service. After the claim has been processed, you will receive a statement from Florida Blue showing what portion of the claim you are responsible to pay. Most providers are able to quote you this amount at the time of service. Always compare your Florida Blue statement to your provider's charge to verify you paid the correct amount.
What if I don't have enough money in my HSA?	You will need to pay the provider from another source. You can later reimburse yourself from the HSA when the funds are available, if you choose to do so. Remember to keep all receipts to show that the funds were withdrawn for qualified expenses.

FLEXIBLE SPENDING ACCOUNT (FSA)



A Health Care Flexible Spending Account (FSA) may be used to set aside money on a pre-tax basis to pay for eligible health care expenses (including dental and vision expenses) not paid by an insurance plan. This allows you to save money on taxes!



FSA Plan Year	The FSA Plan Year runs on a Plan Year basis, from October 1 st – September 30 th . You may participate whether or not you elect other City of Wildwood benefits. For example, if you decline medical coverage, you are still eligible to participant in the FSA. It is important to note, however, if you choose to establish and contribute to an HSA, your FSA will be limited and CANNOT be used to pay for ANY medical expenses.
Contribution Limits	• You may contribute up to \$2,000 for the 2025 plan year. • The amount you elect is divided equally by the number of paychecks you will receive during the plan year and deducted from each paycheck before taxes are calculated.
Claim Payment or Reimbursement	• Claims must be incurred during the FSA plan year to be paid from the FSA. • You will receive a pre-paid credit card which may be used to pay your provider for eligible expenses at the time of service. • You may also submit a paper claim to MedCom for reimbursement if the card is not used. • You have 30 days following the end of the plan year to submit a reimbursement request for claims incurred during the plan year.
Carry Over	• Up to \$610 of any unused balance at the end of the 2025 plan year will be carried over for use in the following year. • Any unclaimed balance over \$610 left after the end of the 2025 plan year will be forfeited.
Claim Substantiation	Federal guidelines require MedCom to substantiate most claims. This means that after you use your FSA credit card to pay an expense you will often receive a request from MedCom for a copy of your receipt. The receipt must be submitted as soon as possible to avoid interruption in the use of your FSA funds.

FLEXIBLE SPENDING ACCOUNT (FSA)

ELIGIBLE EXPENSES

The general rule is that any medical expense that is deductible on your federal income tax return may be reimbursed through the FSA if it is not paid for by an insurance plan.

EXAMPLES OF ELIGIBLE EXPENSES:

- Artificial limbs
- Chiropractor fees
- Contact Lenses
- Crutches
- Dental fees
- Doctor fees
- Eyeglasses
- Hearing Aids
- Hospital Services
- In vitro fertilization
- Lab fees
- Optometrist fees
- Oxygen
- Orthodontics
- Psychoanalysis
- Surgery
- Telephones for the hearing impaired
- Therapy (medical)
- Transplants of organs
- Wheelchairs
- X-rays



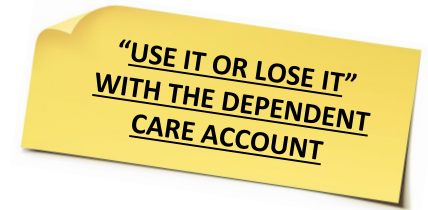
When deciding how much to contribute to the FSA, consider how much you know you will spend in medical care over the course of the year. Remember that any unclaimed balance over \$610 left 30 days after the end of the plan year is forfeited.

Your FSA may be used to pay for eligible expenses incurred by you, your legal spouse, and your tax-dependent children during the FSA plan year, even if they are not enrolled in your medical, dental, and/or vision plan.

EXAMPLES OF EXPENSES THAT ARE NOT ELIGIBLE:

- Health clubs or spas
- Non prescribed weight loss program
- Expenses paid by in insurance plan
- Smoking cessation education materials and programs
- Hair transplants
- Electrolysis
- Teeth whitening
- Cosmetic surgery
- Insurance premiums
- Medications from other countries
- Over the counter medications (unless prescribed and filled through a pharmacy)

DEPENDENT CARE ACCOUNT (DCA)



A Dependent Care Flexible Spending Account (DCA) may be used to set aside money on a pre-tax basis to pay for daycare expenses for your children under age 13 and other qualified dependents.

DCA Eligible Expenses	Childcare by a licensed facility for children under age 13 who qualify as dependents on your Federal income tax return. Adult care for an adult of any age who is physically or mentally unable to care for themselves and who qualifies as a dependent.		
DCA INELIGIBLE Expenses - not limited to	Child Support Payment Food, clothing, entertainment	Educational supplies & activity fees Cleaning & cooking services	Overnight camp
Contribution Limits	- You may contribute up to \$5,000 for the per year. - The amount you elect is divided equally by 24 (the number of deductions taken) the plan year and this amount is deducted from your paycheck before taxes are calculated. DCA funds are not available until they are deposited through payroll.		
Claim Payment or Reimbursement	- Claims must be incurred during the plan year to be paid from the DCA. - You will receive a pre-paid credit card which may be used to pay your provider for eligible expenses at the time of service. - You may also submit a paper claim to MedCom for reimbursement if the card is not used. - You have 90 days following the end of the plan year to submit a reimbursement request for claims incurred during the plan year.		
No carry over	Plan your contributions carefully. The IRS requires that you forfeit any money left at the end of the year. You will have 60 days at the end of the year to submit claims for this year.		
Childcare Tax Credit vs Spending Account	Dependent care expenses that are eligible for reimbursement may also be eligible for a federal income tax credit. You can apply one of these tax treatments, but not for the same expenses. Please consult a tax accountant to determine which would be more beneficial to you.		

DENTAL INSURANCE

Our dental plan through Mutual of Omaha allows you to see any dentist. However, you will take advantage of discounted pricing and enjoy lower out-of-pocket expenses by visiting a dentist that participates in the network.

Mutual of Omaha PPO Plan

	Services Include (but aren't limited to):	In-Network Coverage	Out-of-Network Coverage
Deductible		\$50 Individual \$150 Family Applies to Basic and Major Services	\$100 Individual \$300 Family Applies to Basic and Major Services
Preventive Services	Routine Oral Exams, Routine Cleanings, Bitewing X-Rays, Child Fluoride, Child Sealants	No Charge	10% + any balance over the Contracted Fee
Basic Services	Fillings, Oral Surgery, Root Canals, Periodontics	Deductible + 20%	Deductible + 30% + any balance over the Contracted Fee
Major Services	Inlays, Onlays, Crowns, Bridges, Dentures, Implants	Deductible + 50%	Deductible + 60% + any balance over the Contracted Fee
Maximum Annual Benefit		\$1,250 per person per calendar year Applies to Basic, and Major Services	
Orthodontia	Braces and related services for Dependent Children - prior to Dependent child turning age 26, or 30 if student.	50% subject to a \$1,000 Lifetime Maximum Benefit per child	50% subject to a \$1,000 Lifetime Maximum Benefit per child
Semi-Monthly Payroll Deductions	Employee Only\$ 0.00 Employee & Spouse\$18.33 Employee & Child(ren)\$31.87 Employee & Family\$46.30		



Frequency and Age Limits apply to certain services.

For example, the plan includes coverage for up to two routine cleanings per year and one set of bitewing x-rays per year. Coverage for fluoride treatments is included for dependent children through age 18. Coverage for sealants is included for dependent children through age 15. Additional restrictions are outlined in the Certificate of Coverage.

DENTAL INSURANCE

How to find an In-Network Dentist or Register as a Member

- Go to: www.mutualofomaha.com
- Click 'Sign in'
- Click 'Register' in the 'Employee Portal' section
- Enter your information and click 'Submit'
- Once you log in you will be able to do a provider search as well as view claims



What Provider Network do I use?	Mutual of Omaha PPO Network
Do I need to choose a Dentist?	No, you may see any dentist. However, you will make the most of your plan by choosing an In-Network Dentist.
Do I need a referral to see a Specialist?	No
Can I go Out-of-Network?	Yes. However, Out-of-Network providers are paid based on the Contracted Fee, which may be less than your Out-Of-Network provider charges. You are responsible to pay the difference to the out-of-network provider.
Will I get an ID Card?	Yes, Mutual of Omaha will send your ID card to the address you provide when you enroll. You can also print an ID card after registering as a member.

PPO Contracted Fee – this refers to the discounted charge for each service agreed upon by Mutual of Omaha and In-Network providers. When accessing care Out-of-Network under the PPO Plan, this is the amount on which the claim will be paid. You are responsible to pay the difference in the provider's actual charge and what the insurance reimburses.

Late Entrant – Any employee who did not elect coverage when they were first eligible are considered 'Late' to the plan at any other time they enroll. For these employees and Family members, there is a 12-month waiting period for Type B, Type C, and Orthodontic services.

Predetermination of Benefits – This optional service provides you with an estimate on the amount to be covered prior to having a dental procedure. When your treatment plan is expected to exceed \$300, ask your dentist to request the Predetermination Review. Your dentist will submit your treatment plan and Mutual of Omaha returns an estimate of what they expect to pay and what you can expect to pay.

Maximum Annual Benefit – This is the most that Mutual of Omaha will pay for covered services in a calendar year. You are responsible for any additional charges during that calendar year once the benefit has been exhausted.

VISION INSURANCE



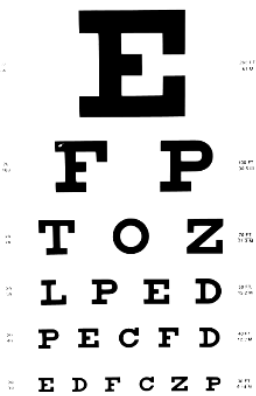
Our Vision plan through Mutual of Omaha, in partnership with EyeMed, offers affordable coverage for your routine eye care needs.

VSP Choice	Frequency Limits	In-Network Coverage	Out-of-Network Coverage
Eye Exam	Covered once every 12 months	\$10 Copay	Reimbursed up to \$37
Eyeglass Lenses	Covered once every 12 months	\$10 Copay	Reimbursed up to: \$32 Single Vision \$48 Bifocal \$76 Trifocal and \$76 Lenticular
Eyeglass Frames	Covered once every 24 months	\$130 Retail Frame Allowance, then up to 20% discount on any balance. When frames and lenses are purchased together you only pay one copay.	Reimbursed up to \$58
Contact Lenses	Covered once every 12 months instead of lenses and frames	Elective: \$130 Contact Lens Allowance Medically Necessary: \$0 Copay, Paid in full	Elective: Reimbursed up to \$104 Medically Necessary: Reimbursed up to \$210
Semi-Monthly Payroll Deductions	Employee Only\$0.00 Employee & Spouse\$3.33 Employee & Child(ren)\$2.61 Employee & Family\$6.56		

VISION INSURANCE

To find an In-Network Vision Provider or Register as a Member

- Go to: www.mutualofomaha.com
- Click 'Sign in'
- Click 'Register' in the 'Employee Portal' section
- Enter your information and click 'Submit'
- Once you log in you will be able to do a provider search as well as view claims



What Provider Network do I use?	EyeMed - www.mutualofomaha.com/vision
Can I go Out-of-Network?	Yes. However, when using Out-Of-Network providers you will need to pay full price at the time of service and then submit a claim to EyeMed for reimbursement up to the plan allowances.
Will I get an ID card?	No, ID cards are not issued for Vision. Your vision provider will verify your benefits with you Social Security Number, or you can print an ID card after creating an on-line account.
How do the Frequency Limits work?	The frequency limits are based on your last date of service while insured under this plan. For example, if you had an eye exam and purchased a full set of glasses (lenses and frames) on 9/10/2023 under this plan, your benefits will reset for another exam and lenses on 9/10/2025, and for frames on 9/10/2026 if you are still enrolled in the plan.
Can I add features to my lenses?	Yes. A variety of lens coatings and other upgrades are available. You can receive up to 20-25% discount on lens options when visiting In-Network providers.

SHORT TERM DISABILITY INSURANCE

Short Term Disability Insurance provide to you by USABLE is intended to provide you with temporary income replacement if you are unable to work due to an off-the-job accident or illness and are under the care of a doctor. The City of Wildwood provides this coverage to benefits-eligible employees at no cost to you.

Benefits Begin	On the 15 th day you are unable to return to work due to illness or injury
Benefit Amount	The plan pays you 60% of your weekly income, to a maximum of \$1,500 per week
Payment Lasts	The plan will continue to pay you for up to 12 weeks
Semi-Monthly Payroll Deductions	Provided to eligible employees at no cost to you



Taxable Benefits - Since the premium for this coverage is paid for by your employer, the benefit is subject to income taxes.

Maternity Benefits - Benefits for a normal delivery are limited to a six-week benefit period. Benefits for a normal C-Section delivery are limited to an eight-week benefit period.

VOLUNTARY LONG TERM DISABILITY INSURANCE

Voluntary Long Term Disability Insurance through Mutual of Omaha is intended to provide you with income replacement if you are unable to work due to an off the job accident or illness and are under the care of a doctor.

Benefits Begin	On the 91st day you are disabled
Benefit Amount	The plan pays you 60% of your monthly income, to a maximum of \$5,000 per month
Payment Lasts	The plan will continue to pay you for up to Social Security Normal Retirement Age if you remain disabled
Pre-Existing Conditions	If you become disabled during the first twelve months that you are enrolled in the long-term disability plan that was due to a pre-existing condition, it won't be covered. A pre-existing condition is a condition that you were treated for in the 3 months immediately prior to your policy's effective date. The plan will cover expenses during this period that are not related to a pre-existing condition. Claims incurred after you have been enrolled in the plan for 12 months due to a pre-existing condition will also be covered.
Coverage Note	For the first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience, and education.



Semi-Monthly Payroll Deductions	
Age	Payroll Deduction per \$100 of covered payroll
<20	\$0.10
20-24	\$0.10
25-29	\$0.12
30-34	\$0.18
35-39	\$0.23
40-44	\$0.31
45-49	\$0.43
50-54	\$0.68
55-59	\$0.83
60-64	\$0.88
65-69	\$0.92
70-99	\$0.97

BASIC LIFE AND AD&D INSURANCE

As a benefits eligible employee, City of Wildwood provides you with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Mutual of Omaha at no cost to you.

Basic Life and AD&D

Basic Life Benefit	\$50,000
AD&D Benefit	\$50,000
Benefit Reduction	The benefit amounts shown above will reduce by 65% of original amount at age 65, by 40% at age 70, by 25% at age 75, and by 10% at age 80.
Conversion	Upon termination of employment this policy may be converted to an individual policy. Please contact Mutual of Omaha as soon as your employment ends to begin this process. You must apply and pay the required premium to Mutual of Omaha within 30 days of your termination to exercise the conversion option.
	Provided to eligible employees at no cost to you.

Primary Beneficiary - The person or people that will receive the benefit upon your death. You name the beneficiary at the time of enrollment. You may also change your beneficiary at any time.

Secondary Beneficiary or Contingent Beneficiary - The person or people that will receive the benefit upon your death ONLY if there is no living Primary Beneficiary at the time of your death.

IMPORTANT: Please be sure to name a Beneficiary when making your elections. You may name more than one if desired.

Caution: Listing someone under age 18 as a beneficiary is not recommended. Payment of a claim may be delayed and may be paid to someone other than the minor that was named as beneficiary.



VOLUNTARY LIFE AND AD&D INSURANCE

You also have the option to purchase Voluntary Life and AD&D Insurance through USABLE at affordable group rates. If you purchase Voluntary Life and AD&D coverage for yourself, you may also purchase coverage for your spouse and/or dependent children.

	Employee Coverage	Spouse Coverage	Dependent Child Coverage
Available Increments	\$10,000	\$10,000	\$2,500
Coverage Maximum	5 times your annual salary or \$500,000, whichever is less	50% of the employee coverage amount or \$250,000, whichever is less	\$10,000 <i>Ages 6 months to the child's 26th birthday</i>
Guarantee Issue Amount	Newly eligible employees under age 70 may elect up to \$100,000 without Evidence of Insurability	Elect up to \$30,000 on your newly eligible Spouse under age 70 without Evidence of Insurability	Elect up to \$10,000 on your newly eligible dependent children without Evidence of Insurability
Accidental Death & Dismemberment (AD&D)	An amount equal to your life amount	An amount equal to the spouse's life amount	An amount equal to the child's life amount
Additional Features	<u>Accelerated Death Benefit</u> : provides an option to withdraw a portion of your life insurance if diagnosed as terminally ill. <u>Conversion</u> : provides an option to convert this coverage to an individual policy after you terminate employment.		

Note:

- If you and your spouse both work for City of Wildwood you cannot cover each other on spouse life insurance. Additionally, only one of you may elect dependent child life coverage.
- Your spouse's rate is based on their age
- You must elect coverage on yourself in order to elect dependent coverage



Evidence of Insurability (EOI) - A Medical questionnaire referred to as an Evidence of Insurability (EOI) Form is required if you (1) are a newly eligible employee or spouse electing an amount over the Guarantee Issue Limits or (2) you are adding or increasing your coverage during the annual enrollment. When EOI is required the insurance company will decide if your request will be approved. Amounts subject to EOI will not begin unless/until approved by the insurance company.

Benefit Reduction – Employee coverage reduces 65% at age 65, 40% at age 70, 25% at age 75 and 10% at age 80 and terminates upon retirement. Spouse coverage reduces to 65% at age 65.

VOLUNTARY LIFE AND AD&D INSURANCE

The cost for employee coverage is based on your age and the amount of coverage you elect. The cost for spouse coverage is based on your age and the amount of coverage you elect. The cost for child coverage is charged once per employee, not per child. Premiums increase on October 1st following the date you move into the next age bracket.

Employee Coverage Semi-Monthly Payroll Deductions (by employee age)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	\$0.56	\$1.12	\$1.68	\$2.24	\$2.78	\$3.92	\$3.89	\$4.48	\$5.04	\$5.60
25-29	\$0.54	\$1.08	\$1.62	\$2.16	\$2.70	\$3.24	\$3.78	\$4.32	\$4.86	\$5.40
30 – 34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35 – 39	\$0.76	\$1.52	\$2.28	\$3.04	\$3.80	\$4.56	\$5.32	\$6.08	\$6.84	\$7.60
40 – 44	\$1.04	\$2.07	\$3.11	\$4.14	\$5.17	\$6.21	\$7.25	\$8.28	\$9.32	\$10.35
45 -49	\$1.61	\$3.22	\$4.83	\$6.44	\$8.05	\$9.66	\$11.27	\$12.88	\$14.49	\$16.10
50 - 54	\$2.34	\$4.67	\$7.01	\$9.34	\$11.68	\$14.01	\$16.35	\$18.68	\$21.02	\$23.35
55 - 59	\$3.71	\$7.41	\$11.12	\$14.82	\$18.53	\$22.23	\$25.94	\$29.64	\$33.35	\$37.05
60 – 64	\$4.25	\$8.49	\$12.74	\$16.98	\$21.23	\$25.47	\$29.72	\$33.96	\$38.21	\$42.45

Refer to Employee Navigator for additional coverage options!

Spouse Coverage – Semi-Monthly Payroll Deductions (by spouse age)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	\$0.56	\$1.12	\$1.68	\$2.24	\$2.78	\$3.92	\$3.89	\$4.48	\$5.04	\$5.60
30 – 34	\$0.54	\$1.08	\$1.62	\$2.16	\$2.70	\$3.24	\$3.78	\$4.32	\$4.86	\$5.40
35 – 39	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
40 – 44	\$0.76	\$1.52	\$2.28	\$3.04	\$3.80	\$4.56	\$5.32	\$6.08	\$6.84	\$7.60
45 -49	\$1.04	\$2.07	\$3.11	\$4.14	\$5.17	\$6.21	\$7.25	\$8.28	\$9.32	\$10.35
50 - 54	\$1.61	\$3.22	\$4.83	\$6.44	\$8.05	\$9.66	\$11.27	\$12.88	\$14.49	\$16.10
55 - 59	\$2.34	\$4.67	\$7.01	\$9.34	\$11.68	\$14.01	\$16.35	\$18.68	\$21.02	\$23.35
60 – 64	\$3.71	\$7.41	\$11.12	\$14.82	\$18.53	\$22.23	\$25.94	\$29.64	\$33.35	\$37.05

Child Coverage – Semi-Monthly Payroll Deductions

All Eligible Ages	
\$2,500	\$0.26
\$5,000	\$0.65
\$7,500	\$0.79
\$10,000	\$1.05

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Mutual of Omaha Employee Assistance Program (EAP) offers confidential guidance and resources for you and your immediate family living in your household.



Mutual of Omaha Employee Assistance Program (EAP)

- Counseling Services, Child/Elder Care Resources. Legal and Financial Consultations, Virtual Concierge and Online Resources
- Toll-free phone and web access 24/7 with unlimited access to legal, financial, and work-life services.
- No cost half-hour legal telephonic consultations and discounts on longer consultations with network lawyers

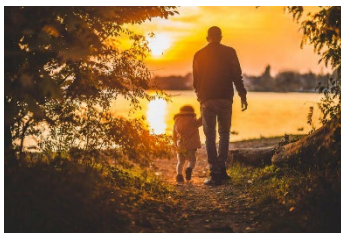
To access the EAP:

Online

Visit: [Mutual of Omaha/EAP](#)

By Phone

800-316-2796





Information Provided by:



This Benefits Guide is designed to provide select information about the benefit plans and programs offered by City of Wildwood from October 1, 2025 – September 30, 2026. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail.